

Rowan County Building Inspections Department PERMIT APPLICATION

402 North Main St. Suite 207, Salisbury • Phone: 704.216.8619 • Fax: 704.216.7986

☐ Single Family ☐ Two Family ☐ Commercial ☐ Mobile Home ☐ Modular

Company OR Applicant's Name: _____

Date: _____ Company OR Applicant's Phone: _____

Job Site Address: _____ Property Owner's Phone: _____
No. Street City Zip

Property Owner: _____ Property Owner's Email: _____

Directions to Job Site (REQUIRED): (from 402 N Main St) _____

TAX ASSESSOR (Rm. 201) Must sign before Permit is issued

Permit No. _____

Map/Parcel _____

Issue _____ Enter _____

BUILDING PERMIT

Type of Work: ☐ New ☐ Addition ☐ Renovation ☐ Upfit ☐ Accessory ☐ Shell ☐ Demolition ☐ Other

Proposed Use _____ Type of Construction ☐ IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IV ☐ VA ☐ VB

Description of Work: _____

Commercial:

Building Area (sq. ft.): _____

(includes heated, unheated, exterior covered spaces, etc.)

Project Area (sq.ft.): _____

(if project is partial renovation or addition)

Number of Stories: _____

Sprinklers: ☐ NFPA13 ☐ NFPA13R / D

Multi-family No. Units: _____

Residential:

No. Bedrooms: _____ No. Fireplaces: _____

Basement (sq.ft.): _____

1st Floor (sq.ft.): _____

2nd Floor (sq.ft.): _____

Porch/Deck (sq.ft.): _____

Attached Garage/Carport (sq.ft.): _____

TOTAL ATTACHED sq ft.: _____

DETACHED Garage/Carport (sq.ft.): _____

Manufactured Home:

Make: _____ Year: _____

VIN: _____

Park: _____

Other:

Signs (< 300 sq. ft.): ☐ No. _____

Signs (> 300 sq. ft.): ☐ No. _____

Piers/Decks (sq. ft.): _____

Pool (sq. ft.): _____ Value: _____

Total Project Cost \$ _____ **Building Permit Fee \$** _____

Plumbing:

[Mark Number of Each Fixture/Connection]

New Water /Sewer Connection: ☐ Yes ☐ No

_____ Commodes

_____ Sinks

_____ Floor Drains

_____ Water/Sewer Connections

_____ Lavatories

_____ Washing Machines

_____ Water Heater – Elec

_____ Bidets

_____ Bathtubs

_____ Dishwashers

_____ Water Heater – Gas

_____ Urinals

_____ Showers

_____ Disposals

_____ Water/Sewer Service

_____ Other: _____

Description of Work: _____

Plumbing Permit: _____ **Plumb Permit Fee \$** _____

Mechanical:

Gas: ☐ Yes ☐ No Gas Company:(REQUIRED) _____ # Gas Connects/Appliances: _____

BTUs: _____ Air Tons: _____ Number of Units: Split Units: _____ Package Units: _____ Gas Pac Units: _____

Description of Work: _____

Mechanical Permit: _____ **Cond. Gas Permit:** _____ **Mech Permit Fee \$** _____

Electrical:

Power Company: (REQUIRED) _____

New Service: Amperage: _____ Voltage: _____ Phase: ☐ Single ☐ 3 Phase Is this a RECONNECT? ☐ Yes ☐ No

Change of Service: ☐ Yes ☐ No If Change of Service, Amperage from _____ to _____ Change of Phase: ☐ Yes ☐ No

Builder's Service: ☐ Yes ☐ No ☐ Swimming Pool ☐ Low Voltage **SOLAR PV KVA** (REQUIRED) _____

Description of Work: _____

Elect: _____ **Blldr Srv:** _____ **Cond:** _____ **Elect Permit Fee \$** _____

Total Permit Fee \$ _____

P. M. & E PERMITS

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws, ordinances, and regulations. The Rowan County Building Code Enforcement Office will be notified of any changes in the approved plans and specifications for the project permitted herein.

LICENSED CONTRACTOR INFORMATION	I confirm I am the holder of a North Carolina Contractor's License in accordance with North Carolina General States 87-1, 87-21, 87-43 and/or 87-57, in the trade shown below. I confirm I am the contractor of record of the work described on this application. Therefore, I agree to comply with all applicable State and Local laws and ordinances regulating the work.		
		
	General or MH Set Up: _____ Phone:_____ Lic :_____		
	Email: _____ Print Name: _____		
	Addr.: _____ Signature::_____		
		
	Plumbing: _____ Phone:_____ Lic :_____		
	Email: _____ Print Name: _____		
	Addr.: _____ Signature:_____		
		
	Mechanical: _____ Phone:_____ Lic _____		
	Email: _____ Print Name: _____		
Addr.: _____ Signature:_____			
.....			
Electrical: _____ Phone:_____ Lic _____			
Email: _____ Print Name: _____			
Addr.: _____ Signature:_____			

Unlicensed GC:_____ Phone:_____ ☐ **Contract < \$30,000**

Email:_____ Print Name:_____

Addr.:_____ Signature:_____ Date:_____

By signing, I confirm that this my contract for this permitted work is less than \$30,000, the work is general construction only, and that the property owner is aware that I am an unlicensed contractor acting under NCGS 87-14, exemption for projects less than \$30,000.

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Owner acting as Contractor: ☐ **Personal Residence** ☐ **Firm/Corp.** ****Please sign separate form****

Credit Card Authorization
VISA, MASTERCARD AND AMERICAN EXPRESS ONLY

This form authorizes payment by credit card for monetary transactions by Rowan County Building Inspections. This includes but is not limited to building or trade permits, re-inspection fees, plan review, conditional power, etc. This form may be faxed, mailed or delivered in person. This form will not be accepted via email.

___Building ___Electrical ___Plumbing ___Mechanical

Permit Number associated with re-inspection fee _____

CHECK TYPE OF CARD: ___MasterCard ___Visa ___American Express

CARD NUMBER _____

EXPIRATION DATE: _____ Security Code on Back of Card _____

NAME AS IT APPEARS ON THE CARD: _____

CARD HOLDER SIGNATURE: _____

BILLING ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: (____) ____ - _____

EMAIL ADDRESS: _____

RETURN THIS FORM TO:
Rowan County Building Inspections
402 N. Main Street Suite 207
Salisbury, NC 28144
Or by fax: 704-216-7986

This Credit Card Authorization Form will not be kept on file for future use.